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APPLICATION NUMBER FILING DATE FIRST NAMED APPLICANT ATTORNEY DOCKET NO. EXAMINER 20 N PAPER NUMBER **ART UNIT** DATE MAILED: **INTERVIEW SUMMARY** All participants (applicant, applicant's representative, PTO personnel): **Date of Interview** Personal (copy is given to applicant applicant's representative). Type: Telephonic Exhibit shown or demonstration conducted: Yes No If yes, brief description; Agreement Wwas reached. was not reached. Claim(s) discussed: Identification of prior art discussed: Description of the general nature of what was agreed to if an agreement was reached, or any other comments (A fuller description, if necessary, and a copy of the amendments, if available, which the examiner agreed would render the claims allowable must be attached. Also, where no copy of the amendments which would render the claims allowable is available, a summary thereof must be attached.) 1.

It is not necessary for applicant to provide a separate record of the substance of the interview. Unless the paragraph above has been checked to indicate to the contrary. A FORMAL WRITTEN RESPONSE TO THE LAST OFFICE ACTION IS NOT WAIVED AND MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a response to the last Office action has are ready been filed, APPLICANT IS GIVEN ONE MONTH FROM THIS INTERVIEW DATE TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. 2.
Since the Examiner's interview summary above (including any attachments) reflects a complete response to each of the objections, rejections and requirements that may be present in the last Office action, and since the claims are now allowable, this completed form is considered to fulfill the response requirements of the last Office action. Applicant is not relieved from providing a separate record of the interview unless box 1 above is also checked. Examiner Note: You must sign this form unless it is an attachment to another form. FORM PTOL-413 (REV.1-96)

07/22/2004 10:51 FAX 631 549 0404 STRIKER & STRIKER

Approved for use through

PTOL-413A (08-03)
Approved for use through 07/31/2005. OMB 0851-0031
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Applicant Initiated Interview Request Form					
Application No.:\C Examiner: 2, H,	1696185Fir	st Named Applicant	K Leutu	-	esested
Tentative Particip (1) Ex. 兄り,	ants:	(2) Mv.W.	Status of A	1.	STACTIC
(3)		(4)			
Proposed Date of J	uterview: <u>8/3</u>	O4 Propos	sed Time:_	 _(AM)PM)	
Type of Interview (1) [] Telephonic	Requested:				
Exhibit To Be Show If yes, provide brief	vn or Demonstr f description:	ated: [] YES			
		Yesmon To Do	T.		
		Issues To Be	Discussed		
Issues (Rej., Obj., etc)	Claims/ Fig. #\$	Prior Art	Discussed	Agreed	Not Agreed
(1) <u>103</u>	1-8	Tanaka,	_ []	[]	[]
(2)		Bakker	_ []	[]	[]
(3)		Haselby	_ []	[]	[]
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his application will no iterview. Therefore, a s soon as possible.	pplicant is advise	d to file a statement	plicant's failure to sub of the substance of this	mit a written re s ipterview (37 c	cord of this CFR 1.133(b))
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Applicant/Applicant's	Representative S	Signature) (E	xaminer/SPE Signatu	re)	}

This collection of information is required by 37 CFR 1.133. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality Is governed by 35 U.S.C. 121 and 37 CFR 1.14. This collection is estimated to take 21 wingtes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any combinents on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be went to the Chief Information Officer, U.S. Patent and Trademurk Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.